



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 46 Sheridan			District: 0828 Plentywood K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
20	1703	No	HILYARD, DONNA	0.50	_____
20	1704	No	NELSON, LISA M	5.25	_____
20	1705	No	Wang, Tressa	1.25	_____
20	1706	No	WANGERIN, MARIE	3.75	_____
20	2253	No	Hansen, Susan	1.00	_____
20	2254	No	Trupe, John & Kim	3.75	_____